

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service (DOS) 11/01/01, 11/02/01, 11/06/01, 11/07/01, 11/09/01 and 11/12/01?
- b. The request was received on 05/20/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs/TWCC-62 and letter dated 01/08/02 responding to reconsideration
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission received additional documentation from the Requestor on 07/22/02. The Commission's case file contains no documentation to indicate delivery of a copy to the Carrier per Commission Rule 133.307 (g)(4). The Carrier submitted additional documentation on 11/19/02. All submitted documentation is considered timely.

III. PARTIES' POSITIONS

1. Requestor: letter dated 07/22/02
"We strongly feel that all data elements required by TWCC codes, rules and treatment guidelines have been met and should be reimbursed in accordance to the Medical Fee Guideline."
2. Respondent: letter dated 11/18/02
"...on appeal, the carrier further explained that 'The documentation does not support the components for [sic] a work hardening program. The psychological component of the work hardening has not been documented.' The requestor has not provided any additional documentation, including any clinical documentation to support the provision

of a multidisciplinary program, and certainly not any additional information to support a psychological component...”

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only dates of service eligible for review are 11/01/01, 11/02/01, 11/06/01, 11/07/01, 11/09/01 and 11/12/01.
2. The provider billed a total of \$2,432.00 (38 hours at \$64.00/hour) for work hardening.
3. The carrier reimbursed \$0.00 and its EOBs have the denials:
F – REDUCED IN ACCORDANCE WITH THE APPROPRIATE TWCC FEE GUIDELINE. F – T, N DOCUMENTATION DOES NOT SUPPORT THE LEVEL OF SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE’S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED.

Also, a letter dated 01/08/02 that is responding to a request for reconsideration has the denial: The documentation submitted does not support the components of a work hardening program. The psychological component of the work hardening program has not been documented.

4. The provider who is not CARF accredited, is requesting reimbursement of \$51.20/hour, per the Medical Fee Guideline (MFG), Medicine Ground Rules (MGR) (II)(C). The total amount in dispute is \$1,945.60.

V. RATIONALE

The MFG, MGR (II)(E) states,

“Work Hardening: A highly structured, goal-oriented, individualized treatment program designed to maximize the ability of the persons served to return to work. Work Hardening programs are interdisciplinary in nature with a capability of addressing the functional, physical, behavioral, and vocational needs of the injured worker. Work Hardening provides a transition between management of the initial injury and return to work while addressing the issues of productivity, safety, physical tolerances, and work behaviors. Work Hardening programs use real or simulated work activities in a relevant work environment in conjunction with physical conditioning tasks. These activities are used to progressively improve the biomechanical, neuromuscular, cardiovascular/metabolic, behavioral, attitudinal, and vocational functioning of the persons served.”

The Requestor has billed Work Hardening, a program that is interdisciplinary in nature. The MFG, MGR (II)(A) states, “All services performed by the interdisciplinary core team and other services as part of the program shall be inclusive in the reimbursement of the program. The only HCP noted in the submitted documentation is the treating doctor. The Requestor has not documented the psychological component of an interdisciplinary program, as described in the Medical Fee Guideline. Therefore, no reimbursement is recommended.

MDR: M4-02-3637-01

The above Findings and Decision are hereby issued this 9th day December 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division